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CONTRACEPTIVE USE IN AFRICA

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Introduction

The importance of contraception in Africa cannot be overemphasised. Of the three components of population change--fertility, mortality and migration--fertility is the most important. Mortality is declining and external migration is limited, so high fertility is largely responsible for the rapid population growth.

Also the now widely accepted role of fertility and human resources in development must be stressed. As Hodder (1968) explains, the development of a nation depends not only on its natural resources, but equally or more so on its human resources. It is becoming increasingly necessary for African countries to strive to develop fully their manpower both qualitatively and quantitatively and to ensure that they derive maximum gains from their manpower. High fertility and the resultant rapid population growth have tended to hinder the attainment of this goal.

Sight should also not be lost of the fact that the level of fertility in a country is sometimes used to determine the stage of development reached by that country; the higher the fertility, the lower the country's stage of development.

The importance of contraception lies in the basic fact that there is a need to reduce fertility in Africa, and that a sure way of reaching this goal is effective contraception. Today Kenya has the highest crude birth rate of 56 per thousand and population growth rate of 4.4 per cent in the world. Most African countries have similarly high fertility, mortality and population growth rates; and this underscores the need for contraception (table 1).

Aim, Scope and Importance of the Paper

The main objective of the study is to examine contraceptive use in Africa, as evidenced from the world fertility survey. It aims at re-establishing, in the light of new evidence, the paucity of contraceptive use in Africa. In addition, the paper analyses rural-urban, educational and related differentials in contraceptive use. Another objective is to draw attention to the fact that contraceptive use is not only limited, but that the small proportion of users tend to employ mainly inefficient methods. The paper, therefore, has a specific scope aimed at achieving the stated objectives.

The importance of the paper lies in the fact that the findings have implications for population policy formulation and implementation in Africa. It is rather clear that there is a need to improve upon the level of contraceptive use; besides, it is apparent that most African countries have failed in terms of their fertility reduction policies. It goes without saying that most African countries have unprecedented high growth rates as a result of declining mortality and persistent high fertility. The findings of the study points to the need for new directions in policy. The substantial use of inefficient methods of contraception shows the need for more population education programs which should be an integral part of family planning programs.

Table 1. Crude Birth and Death Rates, Selected African Countries, 1980.

Country	Birth Rate(%)	Death Rate(%)
Cameroon	42	19
Ghana	48	17
Kenya	53	14
Lesotho	40	16
Nigeria	50	18
Senegal	48	22
Sudan	48	18

Source: 1980 World Population Data Sheet of the Population Reference Bureau

Knowledge of Contraception

The problem is that, despite the long existence of family planning in Africa, little progress has been made in the knowledge of contraception, number of acceptors, patterns of contraceptive use, and levels of fertility. Table 2 shows the varying proportions of Africans who have heard of any method of contraception during the world fertility survey. This survey recorded the largest proportions for Kenya, Ghana, Lesotho, and Senegal, which recorded 88, 68, 66, and 60 per cent, respectively, of all women as having a knowledge of contraception.

Table 2. Knowledge of Contraception, Selected African Countries (All Women).

Country	Date	% Heard Of			% Ever-used
		Modern Method	Traditional	Any Method	
Cameroon	1978	29	7	36	-
Ghana	1979-80	59	9	68	38
Kenya	1978	84	3	88	29
Lesotho	1977	-	-	66	-
Nigeria	1981-82	21	13	34	15
Senegal	1978	20	40	60	11

Source: World Fertility Survey Country Reports

It must also be noted that with the exception of Senegal, the other countries have females with a higher knowledge of modern methods than traditional methods, according to the evidence from the world fertility survey. In Kenya and Ghana, for example, 84 and 59 per cent, respectively, of all women have heard of a modern method as compared with 3 and 9 per cent, respectively, who have heard of only traditional techniques (table 2).

Table 3 shows knowledge of contraception among married women. The pattern is parallel to that for all women, with Kenya (91%), Ghana (69%), Lesotho (66%), and Senegal (60%) recording the highest proportions. The conclusion from tables 2 and 3 is that contraception has been poor in Africa.

Ever-Use of Contraception

Table 2 also reveals that the proportion of ever-users of any method of contraception is rather small. Despite the high proportion of Kenyan females with knowledge of contraception, less than a third, 29 per cent have ever-used any method at the time of the survey. In Ghana, even though 59 per cent have heard of contraception, only 38 per cent have ever-used any method. Nigeria (15%), Senegal (11%), and the other African countries have lamentably smaller proportions of ever-users. If it is borne in mind that modern contraception has been in existence for two to three

decades, it is realised fully how poor contraception is in this part of the world where it is most needed.

The situation is even worse when one examines contraceptive use among ever-married women (table 3). Ghana has the highest proportion of ever-users among the married women, 40 per cent. Ghana is followed by Kenya, Lesotho, Nigeria, Sudan, and Cameroon, with 32, 23, 14, 12, and 11 per cent, respectively.

Table 3. Knowledge and Use of Contraception among Ever-Married Women, Selected African Countries (%)

Country	Date	Heard Of Using	Currently Used	Ever
Cameroon	1978	31	11	11
Ghana	1979-80	69	12	40
Kenya*	1978	91	9	32
Lesotho*	1977	66	5	23
Nigeria	1981-82	33	6	14
Senegal	1978	60	-	-
Sudan	1979	51	6	12

* currently married women only
Source: World Fertility Survey Country Reports

It is essential to point out that the difference between the proportion with a knowledge of contraception and proportion of ever-users is high. Of all Ghanaian women, 68 per cent have knowledge of contraception while only 38 per cent were ever-users at the time of the survey, a difference of 30 per cent. The difference is 59 per cent in Kenya, 49 per cent in Senegal, etc. For ever-married women, the difference is 59 per cent in Kenya, 42 per cent in Lesotho, 39 and 29 per cent, respectively, in Sudan and Ghana. Unfortunately, data are not available to permit a study of the per cent difference between knowledge and use of contraception prior to the introduction of family planning.

Current Use of Contraception

The proportion of ever-married women who reported as currently using contraception is even more disappointing (table 3). The highest proportion is again found in Ghana where 12 per cent of the married women are current users, as compared with 11, 9, 6,6, and 5 per cent, respectively, for Cameroon, Kenya, Nigeria, Sudan, and Lesotho. This situation is rather disturbing as ever-married women are more exposed to sexual intercourse and conception and should, therefore, be using contraception.

In fact all these point to the all important reality that family planning has failed in Africa, as the number of acceptors is small as shown in the proportions of ever and current users.

Patterns of Contraceptive Use

Table 4 shows the pattern of contraceptive use in a typical African country--Ghana. In most parts of Africa, a substantial proportion of contraceptive users employ inefficient methods. For example, in Ghana, 20.3 per cent of all women use inefficient methods, as compared with 17.7 per cent who use modern or efficient methods (Ghana Central Bureau of Statistics, 1983:66). Of all the exposed women in Nigeria, 5.5 per cent use inefficient methods as compared with 0.7 per cent using efficient methods. It should further be noted that the world fertility survey and other KAP studies have found similar conditions in many other parts of the continent.

Table 4. Use of Efficient and Inefficient Methods by Number of Children Ever Born, Ghana, 1979-80

Method Used	No. of Children		All Women
	under 4	4+	
No Method	64.3	56.7	62.0
Inefficient	17.8	25.9	20.3
Efficient	17.9	17.4	17.7

Source: Derived from Ghana Central Bureau of Statistics, 1983:66

Table 4 has another interesting aspect. A higher proportion of women with less than 4 children (64%) do not use any method, as compared with 57 per cent of women with 4 or more children. This means that women who have a large number of children and may not need any more are using more contraceptives than those who have a higher propensity to have more children, and this is not peculiar to Ghana. In Cameroon, contraceptive use is highest among women who have never been in a union (49%) and those with children (65%) (Cameroun Direction de la Statistique, 1983:10). In Lesotho, only 17 per cent of those who wished to cease childbearing were using contraceptives at the time of the survey, while about 80 per cent of Sudanese women who expressed the wish to cease childbearing were not using contraceptives. The International Statistical Institute (1978:9) summarises this for Kenya as follows: 'Thus contraception is more likely to be employed in pre-marital liaisons than to control fertility once a union has been established'. So that typically high parity older women are more likely to adopt contraception than low parity younger women. The policy implication of this is that attention must be focused on women with higher risk of childbearing such as younger exposed women and those with small number of children, if family planning is to succeed in Africa.

Abstinence continues to be the commonest method of contraception for most African countries. Of all the exposed women in Ghana, Cameroon, Nigeria, and Senegal, 4.0, 3.4, 4.9 and 8.2 per cent, respectively, have ever-used abstinence as a method of contraception (table 5). The least used method is male sterilisation, even though there are variations from one country to the other.

Other highly used methods include withdrawal and rhythm, both of which are inefficient or traditional methods. The highest proportions for withdrawal are recorded for Kenya and Lesotho where 4 and 3.4 per cent of the exposed women were reported as ever-users. Kenya again records the highest proportion of users of abstinence, 13 per cent, as well as rhythm, which was also used by 13 per cent of the exposed women. The pill is popular in Ghana 3.1 per cent, and is second only to abstinence in that country; while for most African countries, condom and douche are used by relatively smaller proportions of the exposed women.

Table 5. Distribution of Exposed Women by Use of Specific Method of Contraception

Method	Percentage for Selected Countries					
	Cameroon	Ghana	Kenya	Lesotho	Nigeria	Senegal
Pill	1.0	3.1	7	1.6	0.3	0.7
I U D	-	0.4	2	0.2	0.1	-
Female Scientific	-	2.1	1	0.0	0.0	-
Douche	0.8	0.0	1	-	0.0	-
Condom	-	0.8	3	0.2	0.0	-
Rhythm	-	0.9	13	0.1	0.4	1.2
Withdrawal	1.6	0.3	4	3.4	0.1	0.2
Abstinence	3.4	4.0	13	-	4.9	8.2
Female Sterilisation	-	0.1	1	1.1	0.0	-
Male Sterilisation	-	0.0	0	-	0.0	-
Injection	-	0.6	2	0.3	0.2	0.4

Source: Compiled from World Fertility Survey Country Reports

Rural-Urban Differentials

Rural-urban differentials in fertility exist, with the rural areas having higher fertility than urban areas. Unfortunately family planning is concentrated in the urban areas while rural fertility remains higher. Rural-urban disparities in contraception and fertility exist in Canada and other western countries (see, for example, Kalbach and McVey, 1979:102). The problem is that while family planning is well known in the rural areas of the developed world, it is little known in African

rural communities. Table 6 reveals that most urban dwellers have knowledge of contraception while a rather small proportion, less than a third of rural dwellers in Cameroon and Nigeria, have heard of contraception, for example. In Kenya, Ghana, Sudan, and Cameroon, a substantial proportion of the residents in the capital city have knowledge of contraception. Ninety-six per cent of the people of Nairobi, the capital of Kenya had knowledge of contraception during the Kenyan fertility survey. This compares favourably with 93% for Ghana, 82% for the predominantly moslem country of Sudan, and 71% for Cameroon. If it is borne in mind that the bulk of the African population is rural, the effect of these rural-urban differentials is fully realised. There is, therefore, a need to direct family planning efforts to the rural areas. This is a sure way of increasing the number of acceptors and reducing fertility. It is even more pathetic to learn that most of the sources of family planning information and outlets of contraceptives are located only in the urban centres.

Table 6. Rural-Urban Differentials in Knowledge of Contraception, Selected African Countries

Country	% of Women with Knowledge of Contraception		
	Urban	Capital City	Rural
Cameroon	42	71	29
Ghana	78	93	63
Kenya	95	96	92
Lesotho	-	-	-
Nigeria	45	-	31
Senegal	-	-	-
Sudan	76	82	41

Source: Compiled from World Fertility Survey Country Reports

Educational Differentials in Contraceptive Use

Evidence from the world fertility survey suggests a positive and strong relationship between education and contraceptive use, as the higher the level of education completed, the higher the proportion of ever-users (table 7).

Table 7. Per Cent of Ever-users by Completed Level of Education (Exposed Women), Selected African Countries

Country	Date	Completed Level of Education		
		None	Primary	Secondary and over
Cameroon	1978	3.1	29.4	53.8
Ghana	1979-80	29.6	46.1	76.0
Kenya	1978	26.0	-	67.0
Lesotho	1977	15.0	24.1	31.8
Nigeria	1981-82	10.4	25.2	41.6
Sudan	1979	6.2	-	62.3*

* primary and over
Source: Compiled from World Fertility Survey Data

There is a big difference between the proportion of exposed women with no education using contraceptives and the proportion of users among the exposed women with secondary education. In Ghana, for example, the difference is 46.4 per cent; the corresponding difference for Cameroon is 50.7 per cent, for Kenya 41 per cent, and for Nigeria 31.2 per cent.

Conclusion

It is very clear that contraception is limited in Africa as a whole. The paper pointedly asserts that serious efforts must be made to increase contraceptive use in Africa. There must be widespread dissemination of information about family planning clinics and sources of supplies as well as availability of contraceptives. This dissemination of information must also take place in the rural areas, as well. The low level of contraceptive use is partly responsible for the persistence of high fertility in Africa, and an increase in contraceptive use may result in fertility decline.

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